

Longitudinal Issues: Post-Traumatic Stress Disorder, Substance Abuse, & Disasters

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Definition - PTSD

- 1980 - PTSD appeared as a formal diagnosis in 3rd Edition - DSM-III;
- Variations - definition, symptom criteria, and etiology;
- Symptoms persisting over time following exposure to “trauma”—e.g., experiencing or witnessing natural or human-made disasters (e.g., hurricanes, floods, earthquakes) or accidents (e.g. industrial fires, serious auto accidents), combat, terrorist attacks, physical or sexual assault, etc.

Onset of PTSD

Most people exposed to traumatic events experience some form of distress, but PTSD typically occurs only in a relatively small subset of those exposed

- Severity and length of exposure a critical factor in determining who develops PTSD following exposure

Environmental and Biological Moderators

- Biological responses - risk or resilience factors
- Exposure to individual, family or community violence
- Predisposing characteristics: female gender, younger age at exposure, minority status
- Social support following exposure an important buffer

PTSD Symptoms

- Exposure to potentially-traumatic event leading to feelings of intense fear, helplessness or terror
- One month (minimum) of PTSD symptoms – others state 3 or 6 months
- Persistent re-experiencing of traumatic event
- Avoidance of related “triggers”
- Autonomic hyperarousal with hypervigilance
- Depressed mood
- Increased use/abuse of alcohol and other drugs
- Sleep pattern disruption – insomnia
- Intense startle responses
- Inability to concentrate
- Loss of desire to maintain social relationships

Stockholm Syndrome

- Nils Bejerot (1973) coined term during 6 day hostage taking of bank employees in Stockholm;
- Swedish precursor of PTSD - hostage begins to side with hostage-taker (loyalty to more powerful abuser)

Health Impacts of PTSD

- Physical Health - Stress related health issues: weight changes, heart disease, diabetes, headaches, insomnia, fatigue, back pain, stomach pains, etc.
- Mental Health – anxiety, phobic avoidance, depression, grief, substance abuse, social disabilities, “burnout”

Victim Needs

- Focus initially on basic needs—safety, shelter, food/water, economic resources, family, etc.
- PTSD symptom and health risk assessments including substance abuse risk assessments
- Systematic, plan for self-care including psychoeducation about the symptoms and course of PTSD, emphasis on importance of diet, exercise, adequate sleep, communication with others, avoidance of alcohol and other drugs
- Regular follow-up and support

Victim & Military/Veteran Preparedness

- Unique aspects for specific needs of returning soldiers, victims of Katrina, witnesses to war or violence, etc. to address physical and emotional wounds
- Appropriate interventions for diverse populations
- Longitudinal analysis of impact over multiple years following original impact, taking account of possible re-victimization events.

What is a Longitudinal Study?

- Longitudinal studies follow fixed group(s) of participants over time.
- By looking at the changes in people with PTSD over time, researchers can better describe health patterns and changes and the sequence of events leading to good or poor outcomes (i.e., the course of disorder).
- The Framingham Study, on-going for over 50 years, showed us many risk factors for cardiovascular disease (e.g., cholesterol levels) that were not previously known.
- Information can be collected in different periods of time over the course of the study.
- Increases the quality of life for those with PTSD or those who will develop PTSD over the course of their lives.

Longitudinal Research Questions

- What are the long-term consequences and life outcomes of people exposed to traumatic events?
- Over what period of time should PTSD outcomes for those exposed to combat, or for victims and witness of natural, and man-made events?
- Is the mortality rate different for those with PTSD?
- Are there different profiles of PTSD that are more and less likely to progress to other forms of mental or physical health problems?
- Which risk and resiliency factors work best in predicting PTSD chronicity, and which provide clues about effective early intervention strategies?
- What are the best immediate responses to traumatic events for victims (directly exposed) and witnesses (indirectly exposed)?

Longitudinal Research Needs

Best Practices:

- Psychosocial and Health Needs Assessment
- Substance Abuse Prevention
- PTSD Risk Assessment & Combined Exposures
- Victims of Specific Events
- Age, Gender, Cultural, Linguistic variations